

of the pylorus or the duodenum be in question, and where the parts involved are inaccessible on account of the adhesions, then gastro-enterostomy must be resorted to. This latter is not entirely without danger, but may, in cicatricial stenosis, bring about a cure, and in malignant neoplasms will afford considerable relief to the patient.

The author gives a review of 55 cases of gastro enterostomy, in which Wolfler's or Hacker's modification was used, with 24 deaths (43.63% mortality). Among these cases were 12 of cicatricial stenosis which were operated on by Wolfler's method only, with 2 deaths (16.66% mortality). The same procedure used in carcinoma yielded a mortality of about 51%. The writer (on page 19 of his work) refers also to the method recommended by Vogt, which consists in severing the continuity of the small intestine, fixation of the efferent part to the stomach and attaching of the afferent part to the efferent somewhat below its fixation to the stomach. He thinks that this procedure is rather complicated and prolongs the duration of the operation.

At the end of his work, which comprises 73 pages, Prof. Novaro expresses his thanks to Prof. Cantieri and his own assistants for the support which they gave him in this work.—*Estratto dagli Atti Della R. Accademia dei Fisiocritici*, Serie iv., vol., ii, 1890.

A. PICK (Boston.)

VI. A Proposal for the Radical Cure of Inguinal Hernia.

By DR. GUSTAV KOLISCHER. The well attested fact at the present day, of comparatively frequent occurrence of relapse following radical operations for the cure of hernia are to be accounted for, not only by the peculiar predisposition which results from the passage of the spermatic cord through the inguinal canal, but by the giving way of the cicatricial tissue to the intra-abdominal pressure. The author proposes to overcome the last named by the following procedure: After the performance of the radical operation in the usual manner, without suturing of the pillars, he makes an arched-shaped incision along the lower edge of the symphysis pubis, which incision passes through the perios-teum and is prolonged to the insertion of the adductors. The pyramidalis muscle is dissected from the symphysis together with the perios-

teum and is then loosened, with its sheath, from the rectus muscle. A flap of muscle is thus obtained which is turned up over the external ring and fixed by sutures. The author has made trial of the operation only upon the cadaver.—*Cenbl. f. Chirg.*, 1890, No. 45.

GEO. R. FOWLER (Brooklyn).

VII. On the Significance of the Howship-Romberg Association of Symptoms in Incarcerated Obturator Hernia.

By Prof. KRONLEIN (Zurich). In the 140 years since the discovery and first description of hernia obturatoria by Arnaud de Rousil, there has been a steady increase in the number of recognized and successfully operated cases of such incarceration. Still Krönlein finds that the diagnostic points are often fancifully stated. From 1870 to 1884 he did not meet a case, but in the next five years he saw 4. Of these only 2 were operated, as the other 2 were already moribund. As an indication of the relative frequency of this form, he stated that during the same five years he did a total of 138 operations for hernia.

The two operated cases have been previously described by Munzinger and Brunner. They each resulted fatally, one in a few hours from collapse, the other from perforation.

The symptoms are those of ileus, together with pain in the thigh, radiating from Poupart's ligament to the knee, excessive painfulness from pressure over the corresponding regio pectinea, and still more behind the adductors in the direction of the oval foramen, in one case some swelling of the leg and slight prominence of the regio pectinea, pain on motion in the hip.

But he gives full details of a fifth observation, in which all these symptoms (on the left side) were present in a boy of 12 years, and yet the cause was an intra-peritoneal pelvic exudation instead of an obturator hernia. In reality, however, no case of such hernia has ever been observed in childhood, this form being particularly the hernia of old age. The double operation was performed three days after the acute onset of the trouble. On opening below Poupart's ligament to the obturator canal the only change found was a distension of the obturator vein. Then on performing laparotomy (opening along the ex-